



11/05/01

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. A-68718-4/RFT/RMS/RMK

Anticipated Classification of this Application:

Class: Subclass:

Prior Application

Examiner:

Art Unit:

Box PATENT APPLICATIONAssistant Commissioner for Patents
Washington, DC 20231

Sir:

This is a request for filing an

- ☐ Original
☐ Continuation
☐ Divisional
☒ Continuation-in-part

application under 37 C.F.R. 1.53(b), in the name of

Robert H. TERBRUEGGEN, et al.

(Names of ALL Applicants)

for **DEVICES AND METHODS FOR BIOCHIP MULTIPLEXING**

(Title of Invention)

This ☐ continuation ☐ divisional ☒ continuation-in-part

claims the benefit of the priority to U.S.S.N. 60/145,840 filed November 3, 2000. This application is a continuation of U.S.S.N. 09/904,175, filed July 11, 2001, which is a continuation of U.S.S.N. 09/760,384 filed January 11, 2001, which claims the benefit of priority date 60/175,539 filed January 11, 2000 and PCT Application US01/01150 filed January 11, 2001.

- (a) ☐ Enclosed is a new application.

(b) ☒ Enclosed is a continuation-in-part application.

(c) ☐ Enclosed is a copy of the prior application.
- (a) ☐ Enclosed is a new Declaration.

(b) ☐ Enclosed is a copy of the prior Declaration as originally filed.
- (a) ☐ Applicant claims Small Entity status under 37 CFR 1.27.

(b) ☐ A Small Entity Affidavit is of record in the prior application.
- ☐ The filing fee is calculated below:

Claims as filed in the prior application, less any claims canceled by amendment below:

	(Col. 1)	(Col. 2)	SMALL ENTITY		OTHER THAN SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$355		\$710
TOTAL CLAIMS	___ - 20 =	*	× 9 =	\$	× 18 =	\$
INDEP CLAIMS	___ - 3 =	*	× 40 =	\$	× 80 =	\$
MULTIPLE DEPENDENT CLAIM PRESENTED ___ ybs			+135 =	\$	+270 =	\$
If the difference in Col 1 is less than zero, enter "0" in Col. 2			TOTAL	\$	TOTAL	\$

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DATE OF DEPOSIT

November 5, 2001

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: ASSISTANT COMMISSIONER FOR PATENTS, WASHINGTON, DC 20231.

TYPED NAME

Renee M. Kossiak

SIGNED

jc872 U.S. PTO
09/993342

11/05/01

EL 890 441 181 US

5. ☒ The Commissioner is hereby NOT authorized to charge any additional fees which may be required, including extension fees, or credit any overpayment to Deposit Account No. 06-1300 (Order No. _____).
6. ☐ Our check in the amount of \$ _____ is enclosed.
☒ The filing fee is NOT being submitted with this transmittal letter.
7. ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least one independent claim must be retained for filing purposes.)
8. ☐ Amend the specification by inserting before the first line the sentence:
--This is a ☐ continuation ☐ divisional ☐ continuation-in-part
of application Serial No. _____ filed _____.
9. (a) ☒ Informal drawings are enclosed 51 Sheets.
(b) ☐ Formal drawings are enclosed.
10. (a) ☒ claims the benefit of priority to U.S.S.N. 60/145,840 filed November 3, 2000. This application is a continuation of U.S.S.N. 09/904,175, filed July 11, 2001, which is a continuation of U.S.S.N. 09/760,384 filed January 11, 2001, which claims the benefit of the priority date of 60/175,539 filed January 11, 2000 and PCT Application US01/01150 filed January 11, 2001, claimed under 35 U.S.C. 119/120.
(b) ☐ The certified copy has been filed in prior application Serial No. _____ filed on _____.
11. ☐ The prior application is assigned of record to _____
12. ☐ The power of attorney in the prior application is to:
Name: _____
Address: _____

(a) ☐ The power appears in the original papers in the prior application.
(b) ☐ Since the power does not appear in the original papers, a copy of the power in the prior application is enclosed.
(c) ☐ A new power has been executed and is enclosed.
(d) ☒ Address all future communications to:

Robin M. Silva

FLEHR HOHBACH TEST ALBRITTON & HERBERT LLP
Four Embarcadero Center - Suite 3400
San Francisco, California 94111-4187
Tel.: (415) 781-1989
Fax: (415) 398-3249

13. ☐ A preliminary amendment is enclosed. (Claims added by this amendment have been properly numbered consecutively beginning with the number next following the highest numbered original claim in the prior application.)
14. ☐ I hereby verify that the attached papers are a true duplicate of prior application Serial No. _____ as originally filed on _____.

Date: November 5, 2001

Signature: _____

Renee M. Kossak, Reg No. 47,717 for
Robin M. Silva, Reg. No. 38,304

Address of Signer:

FLEHR HOHBACH TEST
ALBRITTON & HERBERT LLP
4 Embarcadero Center - Suite 3400
San Francisco, California 94111-4187
Tel.: (415) 781-1989
Fax: (415) 398-3249

☐ Attorney or agent of record

☒ Filed under Section 1.34(a)